

## 10/5/7495

PTO/SB/21 (04-07)
Approved for use through 09/30/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

**Application Number** 69993-254192-Conf. # 7090 Filing Date December 10, 2004 First Named Inventor Sohan L. Sarin Art Unit 2837 **Examiner Name** F. M. Phillips Attorney Docket Number 69993-254192

Total Number of Pages in This Submission		3 Attorney Docket Number		cket Numbe	69993-254192		
ENCLOSURES (Check all that apply)							
X Fee Transmittal Form	Drav	wing(s)			After Allowance Communication to TC		
Fee Attached	Licensing-related Papers				Appeal Communication to Board of Appeals and Interferences		
Amendment/Reply	Petition				Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After Final		Petition to Convert to a Provisional Application			Proprietary Information  Status Letter		
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence A						
Extension of Time Request Terminal Disclaimer			ļ	Other Enclosure(s) (please Identify below):			
Express Abandonment Request	Request for Refund			Power of Attorney to Prosecute Applications Statement Under 37 CFR 3.73(b)			
Information Disclosure Statement	CD, Number of CD(s)						
Issue/Publication Fee Transmittal		Landscape Table on CD					
Reply to Missing Parts/ Incomplete Application	Remar	Remarks					
Reply to Missing Parts under 37 CFR 1.52 or 1.53							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
VENABLE LLP							
Signature Muhaul Club							
Printed name Michael A. Sartori, Ph.D.							
Date December 20, 200)—			Reg. No.	41,289			

DC2/917782

PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
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Effective on 12/08/2004	Complete if Known					
Fees pursuant to the Consolidated Appropriati	Application Number					
FEE TRANSM	Filing Date	December 10,				
For FY 200	First Named Inventor	Sohan L. Sarin F. M. Phillips				
10111200	<u> </u>	Examiner Name				
Applicant claims small entity status.	Art Unit 2837					
TOTAL AMOUNT OF PAYMENT	(\$) 0.00	Attorney Docket No.	69993-254192			
METHOD OF PAYMENT (check all	that apply)					
Check Credit Card	Check Credit Card Money Order None Other (please identify):					
X Deposit Account Deposit Account Num	ber: 22-0261	Deposit Account N	ame:Ver	nable LLP		
For the above-identified deposit	account, the Director is	hereby authorized to: (c	heck all that apply)			
Charge fee(s) indicated be	elow	Charge fee(s)	indicated below, ex	cept for the filing fee		
Charge any additional feel fee(s) under 37 CFR 1.16	(s) or underpayments of and 1.17	f X Credit any ove	erpayments			
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXA	MINATION FEES			· · · · · · · · · · · · · · · · · · ·		
FILIN			MINATION FEES			
Application Type Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity ) Fee (\$) Fee (	Small Entity  \$) Fee (\$)	Fees Paid (\$)		
Utility 310	155 510	255 210				
Design 210	105 100	50 130				
Plant 210	105 310	155 160				
Reissue 310	155 510	255 620				
Provisional 210	105 0	0 (				
2. EXCESS CLAIM FEES				Small Entity		
Fee Description Each claim over 20 (including Reissues	.)			Fee (\$) Fee (\$)		
Each independent claim over 3 (including Reissues	•			50 25 210 105		
Multiple dependent claims	ing recoodes)			370 185		
	Fee (\$) Fee F	Paid (\$)	Multiple Depende			
- 20 = x		<u> </u>		ee Paid (\$)		
HP = highest number of total claims paid for, if of	greater than 20.					
Indep. Claims Extra Claims	Fee (\$) Fee F	Paid (\$)				
3 = X =						
HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Silects of fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						
- 100 =/50 =(round up to a whole number) x =						
4. OTHER FEE(S)  Fees Paid (\$)						
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge):						
SUBMITTED BY	/					
Signature Mulaux + 100	e-	Registration No. (Attorney/Agent) 41,28	39 Telephone	(202) 344-4004		
Name (Print/Type) Michael A. Sartori, F	h.D.		Date Peren	he 20,2007 ~		

DC2/917679

PTO/SB/80 (01-06)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control as a collection of information unless it displays a valid OMB control as a collection of information unless it displays a valid OMB control as a collection of information unless it displays a valid OMB control as a collection of information unless it displays a valid OMB control as a collection of information unless it displays a valid OMB control as a collection of information unless it displays a valid OMB control as a collection of information unless it displays a valid OMB control as a collection of information unless it displays a valid OMB control as a collection of information unless it displays a valid OMB control as a collection of information unless it displays a valid OMB control as a collection of information unless it displays a valid OMB control as a collection of information unless it displays a valid OMB control as a collection of information unless it displays a valid OMB control as a collection of information unless it displays a valid OMB control as a collection of information unless it displays a valid OMB control as a collection of information unless it displays a valid OMB control as a collection of information unless it displays a valid OMB control as a collection of information unless it displays a valid OMB control as a collection of information unless it displays a valid OMB control as a collection of information unless it displays a valid OMB control as a collection of information unless it displays a valid OMB control as a collection of information unless it displays a valid OMB control as a collection of information unless it displays a valid OMB control as a collection of information unless it displays a control as a collection of information unless it displays a collection of information unless it displays

Thereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).    Practitioners associated with the Customer Number:	PC	WER O	F ATTORNEY TO	PROSECU	TE APPLICATI	ONS BE	FORE TH	E USPTO
I hereby appoint:  X Practitioners associated with the Customer Number:  OR  Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):  Name  Registration Number  Name  Registration Number  Name  Registration Number  Number  Number  Registration Number  Number  Number  Registration Number  Number  Number  Registration Number  Number  Registration Number  Number  Registration Number  Number  Registration Registr	I hereby	revoke al	previous powers of atto	mey given in	the application ide	ntified in t	he attached s	tatement under
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name								
Name Registration Number Name Registration Number Registration Number Nu	OR							•
as attomey(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  26694  OR  Firm or Individual Name  Address  State  SAAB AB  LinkOping  Sweden  SE-581 88  Copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be paractitioner appointed in this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioner appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.	Name		lame Ro	egistration			ustomer numb	Registration
Address  City State Zip  Country Telephone Email  Assignee Name and Address:  SAAB AB Linköping Sweden SE-581 88  Cropy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be led in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  Signature Authorized to act on behalf of the assignee  Signature Margant for Date Nov. 8, 2007  Name Margantar Yorskog Telephone + 46 13 187197	attached to th	is form in ac	cordance with 37 CFR 3.73(b	).	ing to the Cor IC assig	nment recon	os or assignmen	t documents
Address  City State Zip  Country Telephone Email  Assignee Name and Address:  SAAB AB Linköping Sweden SE-581 88  Copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be led in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  Signature Office of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Name Maryana Maryana Date Nov. 8, 2007 Title	×	ange the co e address	orrespondence address for associated with Customer	the application Number:		hed statem	ent under 37 C	FR 3.73(b) to:
Address  City  State  Country  Telephone  Separati  Assignee Name and Address:  SAAB AB  Linköping  Sweden  SE-581 88  Accopy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be led in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Maryant for Date Nov. 8, 2007  Name  Maryant Varskog  Telephone + 46 13 187197	Firm					<u> </u>		
Country  Telephone  Telephone  Telephone  Telephone  Telephone  Telephone  Email  Assignee Name and Address:  SAAB AB  Linköping  Sweden  SE-581 88  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be led in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Marganeta Ydrestog  Telephone + 46 13 187197	Address						·	· · · · · · · · · · · · · · · · · · ·
Country  Telephone  Telephone  Telephone  Telephone  Telephone  Telephone  Email  Assignee Name and Address:  SAAB AB  Linköping  Sweden  SE-581 88  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be led in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Marganeta Ydrestog  Telephone + 46 13 187197	City	·		[C4-4-	· · · · · · · · · · · · · · · · · · ·	I	· · · · · · · · · · · · · · · · · · ·	
SAAB AB Linköping Sweden SE-581 88  Accopy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be led in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of ne practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Mayarm for Date Nov. 8, 2007  Name  Title  Title  Title  Title	Country					<del> </del>		
signature  Name  Name  Name  Name  Title  Ti	SAA Linko Swed	B AB Sping den	Address:					
Signature  Margare 1  Name  Date  Nov. 8, 2007  Telephone + 46 13 187197	ne practition	loggs sas	nted in this form if the ap pplication in which this P	pointed practit ower of Attorn	doner is authorized by is to be filed.	B/96 or equ 3.73(b) may to act on b	uivalent) is rec y be complete behalf of the a	quired to be d by one of ssignee,
Signature Maryann fee Date Nov. 8, 2007  Name Margareta Ydroskog Telephone + 46 13 187197	<del></del>	The in	dividual whose signature and	title is supplied b	elow is authorized to a	ct on behalf	of the assignee	
Title Group Potent Manager  Telephone + 46 13 187197		1//	// //					
Title Group Patent Manager		10	Margareta 4	dreskog	Telephone	+46	13 197	197
	ınıe	Gro	0				10 101	

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PTO/SB/96 (12-05)
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STATEMENT UNDER 37 CFR 3.73(b)							
Applicant/Patent (	Owner: SAAB AB						
Application No./Pa No./Control No.:		,495 Fi	led/Issue Date:	12/10/2004			
	USTIC LINER USE OF USTIC LINER	SUCH A LINER AN	D METHOD FOR MAN	UFACTURING AN			
SAAB AB , a <u>corporation</u> (Name of Assignee) , Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)							
states that it is:							
1. X the ass	ignee of the entire right	title, and interest;	or				
2. an assi	gnee of less than the e	ntire right, title and i	nterest.				
	ctent (by percentage) of	-					
in the patent appli	cation/patent identified	above by virtue of e	either:				
was reco	rded in the United State	s Patent and Trade	emark Office at Reel	•			
Frame	0583, or a	true copy of the orig	ginal assignment is atta	ched.			
B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:							
1. From:			_ To:				
			tes Patent and Tradema				
Ree	el , Fr	ame	, or for which a copy t	nereor is attached.			
2. From			_ To:				
The Ree			tes Patent and Tradema _ , or for which a copy t				
				nord is accomba.			
3. From		ed in the United Sta	To: tes Patent and Tradema	ark Office at			
Re			_ , or for which a copy t				
			ed on a supplemental sl				
As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.  [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO.  See MPEP 302.08]							
The undersigned	(whose title is supplied	below) is authorized	d to act on behalf of the	assignee.			
////	hul D. X		Del	ruh 20, 2007			
	Signature	$\overline{}$	<u> </u>	Date			
	Michael A. Sartori, I	Ph.D.		•			
	Printed or Typed N			Felephone Number			
	Registration Nos. 4	,289					
	Title						